

# ACR #114 Legislative Task Force on Diabetes and Obesity

## MINUTES

AUGUST 22, 2007

2:00P.M. -5:00  
P.M.

SACRAMENTO, CALIFORNIA  
STATE CAPITAL ROOM #437

MEETING CALLED BY	Task Force Chair, Assembly Member Joe Coto
TYPE OF MEETING	Task Force 1 <sup>st</sup> Meeting –Subject background
FACILITATOR	Chair, Joe Coto
NOTE TAKER	Maria Robles R.N.
TIMEKEEPER	Chair, Joe Coto
ATTENDEES (IN PERSON)	Senator Elaine Alquist, Senator Alex Padilla, Assembly member Joe Coto, Assembly member Mervyn Dymally, Assembly member Mary Salas, Assembly member Mary Hayashi, Professor M.R.C., Greenwood, Professor Antronette Yancey, Professor Joe Predegrast, Mr. Martin Waukazoo, Councilmember Henry Perea, (11)
ATTENDEES (CONFERENCE CALL)	Professor F. Mody; Profesor F. Kaufman; A. Kanaya (3) *note: phone services was not functioning and call-in did not occur

## Agenda topics

45-60 MINUTES

### DIABETES AND OBEISTY EPIDEMIOLOGY

PROFESSOR ANTRONETTE  
YANCEY, M.D., MPH, UCLA

DISCUSSION	<p>Professor Yancey shared a power point presentation with the Task Force giving background as to the epidemiology of Diabetes and Obesity. The presentation was 45 minutes in length with an approximate 15 minute discussion and question and answer period. The presentation and discussion offered the following highlights:</p> <p>There is a 20 fold increase in type 2 diabetes since 1982 There is a correlation between material weight and infant birth weight Maternal nutrition poses risks to the fetus (in diabetes) Direct risk factors to Diabetes and Obesity that we must consider:</p> <ul style="list-style-type: none"> <li>▪ Poverty</li> <li>▪ Race and ethnicity</li> </ul> <p><u>Discussions Q and A</u> There are several core issues involved in considering future legislation and the focus may well towards PREVENTION:</p> <ul style="list-style-type: none"> <li>▪ Nutrition related to the following: (1) lack of access to quality food (which is most important in existing obesity and weight loss-we are only talking about 100-200 calories difference) (2) poverty (affordability and access in impoverished neighborhoods)</li> <li>▪ Physical activity (lack of) and related to: (1) community safety issues, (2) work life environment (3) social norms</li> <li>▪ Padilla-question: Once you have Diabetes what % chance do you have of having a heart attack ---there is no relevant statistical information on this (Predegrast)</li> </ul>
CONCLUSIONS	<p>The task force team must evaluate a sequence of prioritization where we:</p> <ol style="list-style-type: none"> <li>(1) recommend-give incentive opportunities to improve <ol style="list-style-type: none"> <li>a. access to improved nutritional choices in poor (high risk) communities</li> <li>b. social norm changes –“pauza para la salud’ type strategies where change (activities) are incorporated into every day life –targeting individuals that would not normally be inclined to take advantage of a gym membership on campus –(as an example of work place changes)</li> </ol> </li> </ol>

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
None from this discussion		

45-60 MINUTES

**CALIFORNIA HEALTH INTERVIEW  
SURVEY ON DIABETES AND  
OBESITY-2005 DATA**

SUSAN H. BABEY, PHD, UCLA

DISCUSSION	<p>Professor Babey shared a power point presentation highlighting the 2005 results from UCLA's California Health Interview Survey on Diabetes and Obesity (CHIS). The data shows the following pertinent highlights:</p> <p>Obesity in California:</p> <ul style="list-style-type: none"> <li>prevalence in 2005 for adults is 21.2 (from 19.3 in 2001)</li> <li>is highest among Latinos, African American's, American Indians and Pacific Islanders</li> <li>is highest among low income Californians</li> <li>has increased in adolescence significantly from 12.2% in 2001 to 14.2% in 2005</li> <li>5.6 million adults are obese (BMI <math>\geq 30</math>) and an additional half million adolescents are overweight or obese</li> <li>Overweight prevalence among teens is higher among Latinos and African Americans than whites.</li> </ul> <p>Diabetes in California</p> <ul style="list-style-type: none"> <li>Has risk factors related to family history, age and obesity</li> <li>Is the 5<sup>th</sup> leading cause of death by disease in the US</li> <li>Economic costs in 2002 nationwide estimated at \$132 billion (or 1 out of every 10 health care dollars spent)</li> <li>Approximately 1.8 million Californians (7%) have diabetes.</li> <li>prevalence has increased from 6.2% in 2001 to 7.0 in 2005</li> <li>Prevalence is higher among Latinos, African Americans and American Indians</li> <li>Prevalence is highest among low-income</li> </ul> <p>Risk Factors: Age, poverty, inactivity, ethnic groups and population age between 50-64. Pre-diabetes data –not included in the UCLA study, however, some national data exists that may be useful.</p> <p><u>Discussion Q and A:</u></p> <ul style="list-style-type: none"> <li>Senator Padilla: Employers program (on site) must be a focus.</li> <li>Professor Yancey: Focus on behaviors versus weight itself is best way to have impact</li> <li>Deleon: Question on assimilation versus acculturation and diet –validation given to a change in diet over time related to assimilation (less healthy diet)</li> <li>Professor Greenwood: Washington D.C. example –employer.</li> <li>Dr. Yancey and Professor Greenwood: Small realistic changes make the difference -150-200 calories will make a significant impact (prevention)</li> </ul>	
CONCLUSIONS	<p>Goals of the task force should address the following-with focus on prevention:</p> <p>Increase physical activity (facilitate and create opportunities)</p> <ul style="list-style-type: none"> <li>School PE requirements</li> <li>Safe Parks (adults and kids)</li> <li>Lifestyle changes</li> <li>Worksite</li> </ul> <p>Promote healthy eating environments (and decreasing access to junk foods) –home, school and work</p> <ul style="list-style-type: none"> <li>Schools –vending machines (teen soda consumption and fast food). Need to address sponsorship advertising which has gone "under ground".</li> <li>Cultural-behavior changes</li> <li>Menu labeling</li> <li>Availability –healthy food outlets in underserved areas</li> <li>Public buildings –improved healthy options</li> <li>Zoning requirements (marketing junk food)?</li> </ul> <p>Consider: Steps to improve healthier choices in schools have been taken, however implementation is still needed</p>	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Is there a correlation between parks-(recreation) by county or geographic location by population risk?	Maria Robles	Next taskforce meeting

What can city-level officials do to improve land use?	Maria Robles	Next taskforce meeting

45-60 MINUTES

## SCOPE OF THE PROBLEM IN CALIFORNIA

LUPE ALONZO-DIAZ, LATINO COALITION FOR A HEALTHY CALIFORNIA

DISCUSSION	<p>Lupe Alonzo-Diaz, Executive Director for Latino Coalition for a Healthy California gave a 55 minute presentation (power point) on the scope of the problem within the Latino community of diabetes and obesity in California.</p> <p>Factors identified as impacting this group were: genetic, nutritional, behavioral, socio-economic and environmental. Discussion related to health care complications of obesity and diabetes followed.</p> <p>The Scope of the problem was best defined as follows:</p> <ul style="list-style-type: none"><li>Physical complication: heart, asthma, amputation, apnea, orthopedic complications</li><li>Emotional and Performance complications: learning and memory loss, depression, increased stress levels</li><li>State Economic costs 21.7 billion a year in direct and indirect costs</li><li>Safety and inadequate recreational spaces:<ul style="list-style-type: none"><li>"no children allowed to play in the courtyard"(apartment management practices)</li><li>unsafe curb-sides for walking</li><li>limited parks and recreational centers in high risk communities</li></ul></li><li>Family economics and Marketing Practices:<ul style="list-style-type: none"><li>Cost of healthy food is higher (simple changes can increase a family budget by \$1,000.00 annually)</li><li>Cost of fast food is more affordable to the high risk population</li><li>Convenience stores –display unhealthy foods better-healthy foods marketed poorly</li><li>Aggressive marketing of unhealthy foods and beverages to the higher risk populations –(which is also more affordable)</li></ul></li><li>Prevention Works ---"Don't mess with Texas" example</li></ul> <p><u>Discussion Q and A</u> – Brief summary provided by Joe Coto</p>	
CONCLUSIONS	<ul style="list-style-type: none"><li>Inequalities in the social and physical environments in Latino communities contribute to the obesity epidemic</li><li>Many Latinos have barriers to healthy eating</li><li>Genetic, Socioeconomic and Cultural factors need to be considered</li><li>Prevention of Obesity is more efficient and economical than treatment alone</li><li>Solutions approach –must be multi-sectoral with community involvement aimed at:<ul style="list-style-type: none"><li>Prevention</li><li>Physical activity environment</li><li>Healthy eating environment</li></ul></li></ul>	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
None from this discussion		

45-60 MINUTES

## DIABETES PREVENTION PROGRAMS

DIANE ARANDA, THE CALIFORNIA ENDOWMENT

<b>DISCUSSION</b>	<p>Diane Aranda, MPA program office for the California Endowment gave a power point presentation lasting approximately 30 minutes, followed by a 10 minute discussion and question and answer session. The presentation began with highlights of the mission, approach, goals and objectives of the endowment—including their "environmental approach" –which appear to be most effective in communities of color.</p> <p>The environment and health disparities were outlined as follows:</p> <ul style="list-style-type: none"> <li>○ 2002 study showed 4 times more supermarkets in white neighborhoods compared to blacks (K Morland)</li> <li>○ Approximately 30% of teens from lower income families reported no access to safe parks (compared to 20% teens from affluent families)</li> </ul> <p>2 Statewide Initiatives were reviewed:</p>
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	<ul style="list-style-type: none"> <li>○ Healthy Eating Active Communities (HEAC)</li> <li>○ Central California Regional Obesity Prevention Program (CCROPP)</li>   <li>○ HEAC Overall Goal: to reduce disparities by improving food and PE environments in schools-age children <ul style="list-style-type: none"> <li>○ Community demonstration components <ul style="list-style-type: none"> <li>▪ Multi-sector partnerships</li> <li>▪ Improve social and physical environments</li> <li>▪ School, home, community health and marketing</li> <li>▪ Policy and systems change</li> </ul> </li> <li>○ Statewide component <ul style="list-style-type: none"> <li>▪ Broad based policy advocacy</li> <li>▪ Communications</li> <li>▪ Research</li> </ul> </li> </ul> </li> <li>○ CCROPP goal: to reduce disparities of DM and obesity in San Joaquin Valley</li> <li>○ Lessons learned: <ul style="list-style-type: none"> <li>○ Comprehensive efforts are needed</li> <li>○ Neither individual behavior nor policy change along works (must have both)</li> <li>○ Schools are effective and responsive places to start</li> <li>○ Broad based community wide efforts work "It takes a Village"</li> <li>○ Need BOTH physical activity and Nutritional changes</li> </ul> </li> </ul> <p><u>Group Discussions Q and A:</u></p> <ul style="list-style-type: none"> <li>○ Council member Henry Perea –brought up the issue of land use decisions at a local level and parks access.</li> <li>○ The Leno bill was discussed-county plan departments to do an environmental assessment</li> <li>○ Individual environmental sustainability was briefly discussed</li> <li>○ Toxic environmental issues (air quality and outdoor safety in the inner cities) were briefly mentioned</li> <li>○ Coto and Padilla –discussed the issue of schools being an effective and responsive place to start –indicating that perhaps they are exhausted with requests, compliance issues and budget. Coto discussed some creative incentives related to contracting between (health providers) and teachers unions that can have built in incentives related to promoting a "healthy" work place and schools</li> </ul>		
CONCLUSIONS			
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE	
None this discussion			

15 MINUTES

## CLOSING REMARKS-NEXT STEPS

ASSEMBLY MEMBER CHAIR, JOE COTO

DISCUSSION	<p>Thank you to all for participating and providing expert knowledge, insight and opinion. Brief closing remarks by the legislators' present and special thank you to the other legislators not on the task force for their interest. The Tri caucus will convene to review the minutes and give directional input prior to the next task force meeting.</p> <p>Invitation to dinner –at the Sheraton hosted by the California Biotechnological Foundation –all welcome. 2 guest speakers will be featured:</p> <ul style="list-style-type: none"> <li>▪ Kevin Huffman, MD, President and Founder of the American Bariatric Consultants</li> <li>▪ Fred Levine, M.D., Ph.D., Professor, UCSD Dept. of Pediatrics, Adj. Prof., Burnham Inst. for Medical Res. Topics of discussion:  "Obesity and the Relationship Impact on Diabetes"  "Biotechnological Advances in the Treatment of Diabetes and Obesity"</li> </ul>
SUMMARY AND CONCLUSIONS	<ul style="list-style-type: none"> <li>(1) Diabetes and Obesity in the Latino, African-American, Asian and Pacific Islander, Native American populations are on the increase.</li> <li>(2) Obesity and overweight prevalence among teens is higher among Latinos' and African Americans than whites.</li> </ul>

- (3) Risk factors to diabetes and obesity include: genetics, age, poverty, inactivity, ethnic groups
- (4) Pre-diabetes data needs further exploration

The task force will consider a multi-strategy approach in its analysis of legislative considerations for 2008. The group will search for the solutions that will impact the greatest number of those at risk for developing obesity and diabetes. Prevention is the best approach with further focus in the following categories:

**(1) Physical Activity**

- a. Home-housing restrictions for children, cultural norms and practices
- b. Work place -incentives, ideas to build in cultural-behavioral changes targeted at high risk individuals
- c. Schools—physical education
- d. Community –Park safety, inadequate recreational spaces, land use decisions

**(2) Nutrition**

- a. Work place –healthy work place nutritional incentives
- b. School—vending, sponsorship advertising
- c. Community -Menu labeling, availability of healthy choices in underserved areas, marketing of “junk” food

The Tri –Caucus will review some preliminary thoughts and minutes from this task force to give insight and direction for the next meeting.

Adjourned: 5:13p.m.

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Tri-Caucus meeting –sharing of minutes	Joe Coto, facilitated by Maria Robles	September 4, 2007
Dissemination of minutes to all	Maria Robles	Prior to Next Meeting

OBSERVERS	Paul Hernandez (The California Endowment); Patty Cooper (The Biotechnology Foundation); Doctor Kevin Huffman (President and Founder of the American Bariatric Consultants); Doctor Fred Levine (UCSD-Department of Pediatrics); Autum J. Augden and Missy Lundgren (Senator Torlakson’s Office); Sharon Phantha (Californians for Patient Care); Assembly member Kevin De-Leon and Others that did not sign in.
RESOURCE PERSONS	Jessica Golly, Assistant to Joe Coto
SPECIAL NOTES	Task Force Member list to be corrected for errors